

ARIZONA EARLY INTERVENTION PROGRAM FOR INFANTS AND TODDLERS

[Write in Agency/Program Name]

PRIOR WRITTEN NOTICE/NOTICE OF ACTION

		Child's Name:
Parent's Address (w/zip code)	:	
Individual with Disabilities Educat provided to you with this notice. P of time about certain changes that t	ion Act. These protection rior written notice is one she team wants to make an	arly Intervention Program, you have protections under the s are found in the Procedural Safeguards booklet, which is such protection. It means that we will let you know ahead d give you the chance to say "yes" or "no" to those posing/refusing and the reasons for the changes.
_	Propose	Refuse
 () Initial identification/evaluat () Change identification/evalu () Initiate placement/provision () Change in placement /provi () Other (specify): 	ation (no longer eligible of early intervention se	ervices
Description of action(s):		
Reasons for the action:		
☐ The family has been inform Procedural Safeguards Bookle		afeguards and received a copy of the
☐ The family has been informed Procedural Safeguards Booklet		guards and have access to a copy of the
		uestions about this action or your procedural t/responsible party:
Name	Program/Agency*	Phone #

^{*} If you are receiving services through DES/Division of Developmental Disabilities (DDD), you may also seek to resolve your concerns with the DDD supervisor/District Manager and/or file a request for an Administrative Review by contacting the Division of Developmental Disabilities, Compliance and Review Unit, P.O. Box 6123, Site Code 791A, 1789 W. Jefferson, Fourth Floor, Phoenix, AZ 85005 or Tel. (602) 542-0419; Fax (602) 364-2850 within 35 calendar days of the date of this letter.